

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047189

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** LINCOLN DENTAL LAB, INC.

**Current Principal Place of Business:**

2830 NW 41ST STREET  
SUITE A  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

2830 NW 41ST STREET  
SUITE A  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-3319721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINCOLN, HOWARD  
2830 NW 41ST ST  
SUITE A  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PM  
Name: LINCOLN, HOWARD  
Address: 2830 N.W. 41ST STREET, SUITE A  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD LINCOLN

PM

03/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date